



ROSS MILLER
Secretary of State
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Certificate of Registration of a Limited-Liability Limited Partnership (PURSUANT TO NRS CHAPTER 88)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Registration of a Nevada Limited-Liability Limited Partnership (Pursuant to NRS Chapter 88)

1. Name of the Limited-Liability Limited Partnership:

2. Name of the Nevada Limited Partnership registering to become the Limited-Liability Limited Partnership:

3. Street address of the Principal Office:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code

4. Registered Agent for Service of Process: (check one box only)

☐ Commercial Registered Agent:

Name

☐ Noncommercial Registered Agent
(name and address below)

OR

☐ Office or Position with Entity
(name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>
Street Address	City		Zip Code

<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>
Mailing Address (if different from street address)	City		Zip Code

5. Name and Business Address of each initial General Partner:*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Business Address	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Business Address	City	State	Zip Code

6. Name, Business Address and Signature of each Organizer executing the certificate:*

Name

X

Organizer Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address	City	State	Zip Code

7. The certificate has been executed by the vote necessary to amend the partnership agreement. The limited partnership hereafter will be a registered limited-liability limited partnership.

8. I hereby accept appointment as Registered Agent for the above named Entity.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

*attach a plain 8 1/2" x 11" sheet to list additional names and addresses.

Filing Fee: \$100.00